

COUNTRY PROFILE: KENYA

KENYA COMMUNITY HEALTH PROGRAMS
AUGUST 2013



Advancing Partners & Communities

Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

Recommended Citation

Advancing Partners & Communities. 2013. *Country Profile: Kenya Community Health Programs*. Arlington, VA: Advancing Partners & Communities.

Photo Credit: Georgina Goodwin/World Bank.

JSI RESEARCH & TRAINING INSTITUTE, INC.

1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@advancingpartners.org
Web: advancingpartners.org

COUNTRY PROFILE*

KENYA COMMUNITY HEALTH PROGRAMS

AUGUST 2013

This publication was produced by Advancing Partners & Communities (APC), a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. The authors' views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

*Adapted from the Health Care Improvement Project's *Assessment and Improvement Matrix* for community health worker programs and PATH's Country Assessments of Community-based distribution programs.

TABLE OF CONTENTS

TABLE OF CONTENTS.....	V
ACRONYMS.....	VI
I. INTRODUCTION	I
II. GENERAL INFORMATION	I
III. COMMUNITY HEALTH WORKERS.....	3
IV. MANAGEMENT AND ORGANIZATION.....	5
V. POLICIES.....	8
VI. INFORMATION SOURCES	9
VII. AT-A-GLANCE GUIDE TO KENYA COMMUNITY HEALTH SERVICE PROVISION.....	10

ACRONYMS

CBHIS	community based health information system
CHEW	Community Health Extension Worker
CHW	Community Health Worker
CU	community unit
FP	family planning
MOH	Ministry of Health
NGO	nongovernmental organization

I. INTRODUCTION

This Kenya Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the 24 USAID Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health systems, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

1	<p>What is the name of this program*, and who supervises it (Government, nongovernmental organizations [NGOs], combination, etc.)?</p> <p><i>Please list all that you are aware of.</i></p> <p><i>*If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.</i></p>	<p>The Community-based Health Workers Program sits under the Ministry of Health (MOH), Division of Community Health Services (DCHS). DCHS is in charge of the program and all development partners contributing to its implementation.</p>
2	<p>How long has this program been in operation? What is its current status (pilot, scaling-up, nationalized, non-operational)?</p>	<p>The program was established in 2006. It is a national program that is currently scaling-up.</p> <p>The core of the program is community units (CUs). Kenya currently has about 2,500 CUs. By 2017, 8,000 CUs will be established.</p>
3	<p>Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting?</p> <p><i>Please note specific districts/regions if known.</i></p>	<p>The program is country-wide and serves urban, peri-urban, rural, and pastoral communities.</p>

4	If there are plans to scale up the community health program, please note the scope of the scale up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.	The Community-based Health Workers Program will be scaled to achieve nationwide reach. The program is in the process of scaling-up across all programmatic components to implement CUs in the remaining districts. The program will be scaled to size by 2017.
5	Please list the health services delivered by CHWs ¹ under this program. Are these services part of a defined package? Do these services vary by region?	<p>Community Health Workers (CHWs) in this program perform health promotion, preventive health, and curative health services. Their workload is about 80% promotion services including awareness creation and messaging, 10% preventive health services including distribution of long-lasting insecticide treated nets, and a minimal amount of curative services. Curative services include provision of deworming tablets and pain killers for first aid.</p> <p>The services are part of a defined package and do not vary.</p> <p>Additionally, each CU has a defined scope of service and human resources. A functional CU is defined as one that:</p> <ul style="list-style-type: none"> • Has trained human resources (CHWs, Community Health Committees, and Community Health Extension Workers [CHEWs]) • Has monthly meetings • Has dialogue action days • Utilizes MOH forms 513, 514, 515, 516.
6	Are family planning (FP) services included in the defined package, if one exists?	Family planning services are included in the defined package of services.
7	Please list the family planning services and methods delivered by CHWs.	<p>CHWs provide family planning messages and method counseling across all methods. Additionally, CHWs administer oral pills and condoms in their communities.</p> <p>The MOH, through the Division of Reproductive Health, is currently working on piloting the provision of injectable contraceptives in select hard-to-reach areas.</p>
8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, or a combination?)	CHWs provide services to their clients by traveling door-to-door and using their homes as a service delivery point.

¹ The term “CHW” is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	The Community-based Health Workers Program utilizes one cadre of workers, referred to as CHWs, who are recognized and mandated to provide all services in the service-delivery package.
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	CHWs provide services based on the defined service package. All CHWs, therefore, have the same responsibilities and deliver the same services.
11	Total number of CHWs in program. <i>Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.</i>	There are about 135,000 CHWs currently working in the Community-based Health Workers Program.
12	Criteria for CHWs (e.g. age, gender, education level, etc.) <i>Please break this down by cadre, if known.</i>	CHWs must be at least 18 years of age, have completed a minimum Standard 5 level of education (6 years of schooling), be a resident of the community that they serve, and be accepted by the community. CHWs can be either male or female. While educational requirements are set at a minimum, there is a preference for the completion of secondary school.
13	How are the CHWs trained? Please note the length, frequency, and requirements of training. <i>Please break this down by cadre, if known.</i>	CHWs are trained through a standard training curriculum that has six modules. The standard training is a one-time training that lasts 10 days. This curriculum is in the final stages of review. In addition, CHWs receive technical training with seven modules. The technical modules are add-on modules and occur separately from the standard training. The training modules CHWs receive depend on the priorities of the community. The technical modules include nutrition, HIV and AIDS, water, sanitation and hygiene (WASH), malaria, and family planning.
14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	All CHWs receive basic training that covers general service delivery. However, specific technical training depends on a community's needs and therefore some services vary across communities.

15	Please note the health services provided by the various cadre(s) of CHW, as applicable (e.g. who can provide what service).	CHWs perform health promotion, preventive health, and curative health services. Their workload is about 80% promotion services, including awareness creation and messaging, 10% preventive health services, including distribution of long-lasting insecticide treated nets, and a minimal amount of curative services. Curative services include the provision of deworming tablets and pain killers for first aid. CHWs refer all clients who have received curative services to the health facility.
16	Please list which family planning services are provided by which cadre(s), as applicable.	CHWs provide information, education, and method counseling for all methods and distribute oral pills and condoms. In a few pilot sites, CHWs also administer injectable contraceptives.
17	Do CHWs distribute commodities in their communities (zinc tablets, FP methods, etc.)? Which programs/products?	CHWs distribute long-lasting insecticide treated nets, de-wormers, zinc tablets, pain killers, oral pills and condoms. Some CHWs also provide injectable contraception. The MOH has a standard CHW toolkit that specifies all products that the CHWs distribute.
18	Are CHWs paid, are incentives provided, or are they volunteers? <i>Please differentiate by cadre, as applicable.</i>	CHWs receive a standard stipend defined by the Division of Community Health Services. The MOH and all partners follow these guidelines. The standard guidelines for remuneration help ensure all CHWs are treated equally and contribute to high retention rates.
19	Who is responsible for these incentives (MOH, NGO, municipality, combination)?	Both the MOH and development partners implementing the program are responsible for providing CHW incentives.
20	Do CHWs work in urban and/or rural areas?	CHWs work in all areas of Kenya, including both rural and urban communities.
21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	CHWs must be residents of their community; it is a requirement for the role.
22	Describe the geographic coverage/catchment area for each CHW	Each CHW is assigned 25 households to serve, as defined by the Kenya National Community Health Strategy.
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	CHWs walk or ride motorcycles or bicycles to reach their clients.
24	Describe the CHW role in data collection and monitoring.	The CHW collects data using two standard registers: the household register and the log book. The household register is kept at the CU and the CHW keeps the log book. In the household register, which is normally updated once every six months, the

		<p>CHW records major household events or services. These include, but are not limited to, basic demographics for each household member, vaccinations received, type of delivery experienced, insecticide treated net use and availability of hand washing facilities.</p> <p>The CHW uses the log book as a diary to record information during his/her visits. Log book information includes, but is not limited to, the number of pregnant women referred for antenatal care, households provided with family planning methods, malnourished children and cases of diarrhea managed.</p> <p>Both registers contribute to the community based health information system (CBHIS).</p>
--	--	--

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	<p>Yes. The Community-based Health Worker program is managed by the District Health Management team (DHMT) under the leadership of the District Medical Officer of Health. The Government is transitioning to a new management structure. This transition is still ongoing; some areas use the old structure, and some are using the new structure. The structure under the new system is:</p> <ul style="list-style-type: none"> • National, • County, and • Sub County. <p>The previous structure included:</p> <ul style="list-style-type: none"> • National, • Provincial, and • District.
26	Is the MOH responsible for the program, overall?	Yes, the MOH is responsible for the implementation of the program.
27	What level of responsibility do regional, state or local governments have for the program, if any?	The program is implemented by the Sub County or District Government, but the National Government provides the operational structures.

	<i>Please note responsibility by level of municipality.</i>		
28	What level of responsibility do international and local non-governmental organizations have for the program, if any?	NGOs provide both financial and technical support in running CUs. All CUs are implemented by various partners under MOH guidance. NGO implementation is a cooperative process with the MOH and Sub County governments.	
29	Are CHWs linked to the health system? Please describe the mechanism.	CHWs are supervised by CHEWs. A CHEW's sole responsibility is to supervise CHWs and ensure appropriate services are delivered at the community level. Additionally, CHEWs are usually in charge of the community's CU. The CU is commonly referred to as the "link facility," as it links CHWs to the health system and community members to the formal health centers.	
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with NGO/NGOs? If so, please describe how they share supervision responsibilities.	<p>The CHW is supervised by a CHEW who reports to a District Community Strategy Focal Person who in turn reports to the District Medical Officer of Health who is the head of the District Health Management Team.</p> <p>CHEWs meet with CHWs monthly. Supervision is managed by the government; the CHEW is a government employee whose role is to supervise CHWs. CHEWs do not provide any health services to clients. As NGOs bear a great responsibility in program implementation, they usually conduct monitoring visits as agreed with the District Health Team to ensure program activities are implemented.</p>	
31	Where do CHWs refer clients for the next tier of services? Do lower-level cadres refer to the next cadre up (of CHW) at all?	CHWs refer clients to the CU for the next level of health services.	
32	Where do CHWs refer clients specifically for FP services? <i>Please note by method.</i>	SDM/FAM	Not applicable
		Condoms	Not applicable
		Oral pills	Not applicable
		DMPA (IM)	Level 2 or 3 Health Facility (where DMPA is not offered by CHWs)
		Implants	Level 2 or 3 Health Facility
		IUDs	Level 2 or 3 Health Facility
		Permanent methods	Level 4 Health Facility (District Hospital)
		Emergency contraception	Level 2 or 3 Health Facility

33	Are CHWs linked to other community outreach programs?	Yes, CHWs provide support to various outreach teams working in their communities. CHWs mobilize the community to attend outreach events, provide messaging during outreach events, and perform any other duties that may be assigned by the outreach team.
34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	CHWs hold monthly meetings with their supervisors. Supervision is also used as a tool to identify knowledge and skills deficits and the need for refresher trainings.
35	What links exist to other institutions (schools, churches, associations, etc.)?	CHWs engage with other institutions in the community as they carry out their duties. Specific linkages to other institutions are not systematic, and depend upon the specific community.
36	Do vertical programs have separate CHWs or do the programs share or integrate the CHWs?	The Community-based Health Worker program is an integrated program; CHWs deliver a range of health services to community members.
37	Do the CHWs have data collection/reporting systems?	CHWs collect data using two methods, a household register and a log book. The household register is kept at the CU and is updated with new surveillance data at the CU. The log book records services delivered by the CHWs in real time. Both registers contribute to the CBHIS.
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	The program is financed through donor funding and the MOH budgets.
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	CHWs access all supplies at CUs.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	CHWs dispose of any acquired medical waste at CUs.

V. POLICIES

41	Is there a stand-alone community health policy? If not, is one underway or under discussion? <i>Please provide a link if available online.</i>	The Kenya Community Health Strategy 2006 , under the Division of Community Health Services and the Ministry of Health, is the community health policy.
42	Is the community health policy integrated within overall health policy?	The policy is a stand-alone document. However, it is also integrated into the National Health Sector Strategic Plan as well as a flagship project of the Vision 2030 - Kenya Development Blueprint .
43	When was the last time the community health policy was updated? (months/years?)	An effectiveness evaluation was completed in 2010. Plans are underway to comprehensively revise the strategy; this began in July 2013.
44	What is the proposed geographic scope of the program, according to the policy? (Nation-wide? Select regions?)	The Community Health Strategy has a nation-wide reach.
45	Does the policy specify which services can be provided by CHWs, and which cannot?	Yes, the policy specifies which services can be provided by CHWs.
46	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	Currently, CHWs are allowed to provide information through counseling, and distribute pills and condoms. This is supported by both the <i>Community Health Strategy</i> and the Family Planning Guidelines . Recently, the MOH issued a policy statement allowing the provision of injectable contraception by trained CHWs in selected hard-to-reach areas. Development partners, in collaboration with MOH, are working on a framework to guide this scale-up.

VI. INFORMATION SOURCES

Division of Community Health Services (various staff). Unpublished communication. July 2013.

Division of Reproductive Health, Ministry of Public Health and Sanitation. 2009. *National Family Planning Guidelines for Service Providers*. Nairobi: Ministry of Public Health and Sanitation. Available at http://www.k4health.org/sites/default/files/Kenya%20FP%20Guidelines%202010%20final%20signed_full%20text.pdf

Government of the Republic of Kenya. 2007. *Kenya Vision 2030: The Popular Version*. Available at http://www.vision2030.go.ke/cms/vds/Popular_Version.pdf

Ministry of Health, Republic of Kenya. 2006. *Taking the Kenya Essential Package for Health to the Community - A Strategy for the Delivery of Level One Services*. Nairobi: MOH. Available at http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/community_strategy.pdf.

Ministry of Health, Republic of Kenya. 2012. *Kenya Health Sector Strategic & Investment Plan: July 2012- June 2018*. Nairobi: MOH. Available at http://www.machakosgovernment.com/documents/MINISTRY_OF_HEALTH_POLICY.pdf

Olawo, Alice (fhi360 – Kenya). Unpublished communication. July 2013.

UNICEF. 2010. *Evaluation Report of the Community Health Strategy Implementation in Kenya*. UNICEF, for the Ministry of Public Health and Sanitation (MOPHS), Republic of Kenya. Available at http://www.unicef.org/evaldatabase/files/14_2010_HE_002_Community_Strategy_Evaluation_report_October_2010.pdf.

VII. AT-A-GLANCE GUIDE TO KENYA COMMUNITY HEALTH SERVICE PROVISION

The following table highlights the services and commodities provided by CHWs, by intervention area and cadre.

Intervention	Community Health Worker				
Family Planning	Services/Products	Information/education	Counseling	Administered and/or provided product	Referral
	SDM/FAM	X	X	X	
	Condoms	X	X	X	
	Oral pills	X	X	X	
	Injectable	X	X	Pilot site only	X
	Implants	X	X		X
	IUDs	X	X		X
HIV and AIDS	VCT	X	X		X
	PMTCT	X	X		X
MCH	Misoprostol (for post-partum hemorrhage)				
	Zinc	X	X	X	
	ORS	X	X	X	

	Immunizations	X			X
Malaria	Bednets	X	X	X	
	Indoor residual spraying	X			
	Sulfadoxine- pyrimethamine				



ADVANCING PARTNERS & COMMUNITIES
JSI RESEARCH & TRAINING INSTITUTE

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Web: advancingpartners.org

